

General

Title

Diagnosis and management of attention deficit hyperactivity disorder (ADHD) in primary care for school-age children and adolescents: percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-5 criteria.

Source(s)

Institute for Clinical Systems Improvement (ICSI). Quality improvement support: diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Mar. 8 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients age 4 through 18 years newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria.

Rationale

The priority aim addressed by this measure is to increase the use of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for diagnosing attention deficit hyperactivity disorder (ADHD).

The American Academy of Pediatrics (AAP) recommendation is fully endorsed by the Institute for Clinical Systems Improvement (ICSI) ADHD work group:

"To make a diagnosis of ADHD, the primary care clinician should determine that Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR)* criteria have been met (including documentation of impairment in more than 1 major setting), and information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child's care. The primary care clinician should also rule out any alternative cause."

*The ICSI ADHD work group recognized the new release of the DSM-5, and recommends that the primary care clinician should use the updated criteria.

Evidence for Rationale

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Endorsement. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 3 p.

Institute for Clinical Systems Improvement (ICSI). Quality improvement support: diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Mar. 8 p.

Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management, Wolraich M, Brown L, Brown RT, DuPaul G, Earls M, Feldman HM, Ganiats TG, Kaplanek B, Meyer B, Perrin J, Pierce K, Reiff M, Stein MT, Visser S. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics. 2011 Nov;128(5):1007-22. [70 references] [PubMed](#)

Primary Health Components

Attention deficit hyperactivity disorder (ADHD); diagnosis; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5); children; adolescents

Denominator Description

Number of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation that Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria were used to diagnose ADHD (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 4 to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The time frame pertaining to data collection is monthly.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD)

Patients diagnosed in the past 6 months from the measurement date.

Population Definition: Patients age 4 through 18 years.

Data Collection:

Query electronic medical records (EMR) for all patients diagnosed with ADHD in the past 6 months from the measurement date. Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

Exclusions
Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation* that Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria were used to diagnose ADHD

Patients diagnosed in the past 6 months from the measurement date.

**Documentation* is defined as any evidence in the medical record that DSM-5 criteria were addressed.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-5 criteria.

Measure Collection Name

Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School-age Children and Adolescents

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: Colleen L. Dobie, MS, RN, CNP, PMHS (*Work Group Leader*); W. Brooks Donald, MD, MPH; Karen Elhai, MD, MPH; JoAnne Hoffman-Jecha, MD; John Huxsahl, MD; Robert Karasov, MD (*Work Group Leader*); Carolyn Kippes, MD; Lynne Steiner, MD; Mary T. Wild Crea, MD

Financial Disclosures/Other Potential Conflicts of Interest

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review all disclosures and make recommendations to the board when steps should be taken to mitigate potential conflicts of interest, including recommendations regarding removal of work group members. This committee has adopted the Institute of Medicine Conflict of Interest standards as outlined in the report Clinical Practice Guidelines We Can Trust (2011).

Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

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2013-2014 Institute for Clinical Systems Improvement (ICSI) Attention Deficit Hyperactivity Disorder (ADHD): Diagnosis and Management of ADHD in Primary Care for School-age Children and Adolescent Work Group, and Statement of Declared Potential Conflicts of Interest

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Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: Received honorarium for presentation on ADHD medications to Washington County School District

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Guideline Related Activities: None

Research Grants: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

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Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2012 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Mar. 79 p.

The measure developer reaffirmed the currency of this measure in January 2016.

Measure Availability

Source available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

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NQMC Status

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Production

Source(s)

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